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APPLICANTS

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** CONTINUING DATA ***** *Handwritten signature*
 ** FOREIGN APPLICATIONS ***** *Handwritten signature*
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 IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/09/2003

** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>	ARGENTINA	5	9	1

ADDRESS

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TITLE

Apparatus for the correction of chest wall deformities such as pectus carinatum and method of using the same

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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